

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10596603		FILING DATE				
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓				51						
2				✓			52						
3				✓			53						
4				✓			54						
5				✓			55						
6				✓			56						
7				✓			57						
8	✓		✓				58						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	↓	10	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	12		10				TOTAL CLAIMS						